## APPLICATION FOR STUDENT CAREER EXPERIENCE PROGRAM

## For INDUSTRIAL TRADES STUDENT TRAINEE POSITIONS

NAME (LAST)	FIRST (LEGAL)		MIDDLE (	FULL)		SSN #:	
MAILING ADDRESS							ZIP CODE:
HOME PHONE	WORK PHONE	MESSAGE	PHONE	E-MAIL A	ADDRESS		
( )	( )	( )			ı		
PREVIOUS SHIPYARD EMPLOYEE: YES NO If yes, Previous badge # U S CITIZEN? YES NO NO NO VI YES NO VI						S NO	
COLLEGE: Highest College English Course completed: Course # GPA: Date completed  Highest College Math Course completed: Course # GPA: Date completed			College Placement exan Asset Compass	Yes Yes	es No Date		
Please select the top 2 groups which you are interested in receiving consideration for: (For additional information go to <a href="https://www.psns.navy.mil">www.psns.navy.mil</a> . Select Employment Opportunities, then Apprentice Program for trade descriptions:							
Electrical/Electronics (03 HVE, 07, 51, 67, 90E, 06PME, 06EICM, 730 ELECT) Structural/Metal Fabrication (11, 17, 26, 135)			Mechanical/Piping (31, 38, 31E, 56, 90P, 99P)  Machinery/Equipment Repair (06PMM, 730 MECH)  Service/Insulation (64I, 64S, 71P, 90F, 740, 57)				
AS A CANDIDATE FOR THE STUDENT CAREER EXPERIENCE PROGRAM. I CAN MEET THE FOLLOWING REQUIREMENTS:  (DOCUMENTATION IS REQUIRED) PLEASE CHECK EACH ONE THAT APPLIES:  PSNS Requirements:  I CAN PROVIDE PROOF OF US CITIZENSHIP (Certified Birth Certificate, Passport, Naturalization Papers)  I WILL BE 18 YEARS OF AGE OR OLDER AT THE TIME OF HIRING  (If you are currently enrolled in High School, give Month/Year of Graduation							
PRIVACY ACT WAIVER: Because of the FAMILY RIGHTS AND PRIVACY ACT OF 1974, an "INFORMATION RELEASE APPROVAL" must be signed before we use information you give us on your behalf. By signing this agreement, I give permission for the CO-OP Office at OLYMPIC COLLEGE to obtain a copy of my current transcript if needed. I also authorize the CO-OP Office to release any legitimate and pertinent information about my background, experience, and academic record (including transcripts) to potential employers to whom I am making application.  I certify that, to the best of my knowledge and belief, all of the information on and attached to this application is true, correct, complete and made in good							
faith. I understand that false or fraudulent information on or attached to this application may be grounds for not hiring me or for firing me after I begin work, and may be punishable by fine or imprisonment. I understand that any information I give may be investigated.							
SIGNATURE	DATE:						
OVER PLEASE, TO COME	PETE EMPLOYMENT HIS	ГORY					

## DESCRIBE YOUR WORK HISTORY, STARTING WITH YOUR MOST RECENT JOB OR ATTACH YOUR RESUME:

(Use only the five most recent job	s you have held or other related work ex	sperience. You may also describe other training or education which is work related.)
FROM MONTH/YEAR	TO MONTH/YEAR	EMPLOYERADDRESS
RESPONSIBILITIES:		
FROM MONTH/YEAR	TO MONTH/YEAR	EMPLOYERADDRESS
RESPONSIBILITIES:		
FROM MONTH/YEAR	TO MONTH/YEAR	EMPLOYERADDRESS
RESPONSIBILITIES:		
FROM MONTH/YEAR	TO MONTH/YEAR	EMPLOYERADDRESS
RESPONSIBILITIES:		
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FROM MONTH/YEAR	TO MONTH/YEAR	EMPLOYERADDRESS
RESPONSIBILITIES:		